

01/17/02

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PTO/SB/05 (12/97)

 App. for use through 09/30/00. OMB 0551-0032
 Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	MZ 100	Total Pages	32
	First Named Inventor or Application Identifier			
	ZASLOFF, MICHAEL			
Express Mail Label No.				

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. ☒ Fee Transmittal Form
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 26]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☐ Drawing(s) (35 USC 113) [Total Sheets]
4. Oath or Declaration [Total Pages]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
(Note Box 6 below)
 - ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
5. ☐ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☒ Small Entity ☐ Statement filed in prior application.
Statement(s) Status still proper and desired
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____
18. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Labelor ☒ Correspondence address below(insert Customer No. or Affix bar code label here)

NAME	HENRY E. MILLSON JR.				
ADDRESS	675 GOLDEN HAWK DRIVE				
CITY	PRESCOTT	STATE	ARIZONA	ZIP CODE	86301
COUNTRY	USA	TELEPHONE	928-445-2453	FAX	928-445-2459

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="font-size: small; margin: 5px 0;">Note: Effective October 1, 1997. Patent fees are subject to annual revision.</p>		Complete if Known	
		Application Number	
		Filing Date	
		First Named Inventor - ZASLOFF, MICHAEL	
		Group Art Unit	
		Examiner Name	
TOTAL AMOUNT OF PAYMENT (\$)		844.00	
		Attorney Docket Number MZ 100	

<h3 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check one)</h3> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number </p> <p>Deposit Account Name </p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <h3 style="text-align: center; margin: 10px 0;">FEE CALCULATION</h3> <div style="border: 1px solid black; padding: 5px;"> <h4>1. FILING FEE</h4> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>790</td> <td>201</td> <td>395</td> <td>Utility filing fee</td> <td style="text-align: center; border: 1px solid black;">370</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>540</td> <td>207</td> <td>270</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>790</td> <td>208</td> <td>395</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: center; border: 1px solid black;">(\$)370</td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <h4>2. CLAIMS</h4> <table style="width: 100%; font-size: x-small;"> <tr> <td>Total Claims</td> <td style="text-align: center; border: 1px solid black;">40</td> <td>-20 =</td> <td style="text-align: center; border: 1px solid black;">20</td> <td>X</td> <td style="text-align: center; border: 1px solid black;">9</td> <td>=</td> <td style="text-align: center; border: 1px solid black;">180</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center; border: 1px solid black;">10</td> <td>-3 =</td> <td style="text-align: center; border: 1px solid black;">7</td> <td>X</td> <td style="text-align: center; border: 1px solid black;">42</td> <td>=</td> <td style="text-align: center; border: 1px solid black;">294</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> </tr> </table> <table style="width: 100%; font-size: x-small; margin-top: 5px;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>22</td> <td>203</td> <td>11</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>82</td> <td>202</td> <td>41</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim</td> <td></td> </tr> <tr> <td>109</td> <td>82</td> <td>209</td> <td>41</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>22</td> <td>210</td> <td>11</td> <td>Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: center; border: 1px solid black;">(\$)474</td> </tr> </tbody> </table> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <h4>3. 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SUBMITTED BY			Complete (if applicable)	
Typed or Printed Name	HENRY E. MILLSON, JR.		Reg. Number	18,980
Signature	Henry E. Millson Jr.	Date	01/17/02	Deposit Account User ID

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